Partner Information form

|  |  |
| --- | --- |
| Legal name of your organisation (national language) |  |
| Legal name of your organisation (Latin characters) |  |
| Acronym, if applicable |  |
| PIC number |  |
| Legal address |  |
| Postal code |  |
| City |  |
| Country |  |
| Region |  |
| Web site |  |
| Email |  |
| Telephone |  |
| Fax |  |
| **Person authorised to legally commit the promoter (legal representative)** |
| Title |  |
| Family name |  |
| First name |  |
| Position |  |
| Email |  |
| Telephone |  |
| Fax |  |
| **Person responsible for the implementation of the action (contact person)** |
|  Title |  |
| Family name |  |
| First name |  |
| Position |  |
| Email |  |
| Telephone |  |
| Fax |  |
| **Background and experience** |
| Type of Organization |  |
| Is the partner organization a public body? |  |
| Is the partner organization a non-profit? |  |
| Has the organization received any type of accreditation before submitting this application? |  |
| Accreditation Type  |  |
| Accreditation Reference |  |
| **Please briefly present your organization** |  |
| What are the activities and experience of the organization in the areas **relevant for this application**?  |  |
| What are the skills and expertise of key **staff/persons involved** in this application and who are **relevant to this application**? |  |